

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **5081**

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

15 IF DEATH ND 76 RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Graham</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Ariz.</u> B. COUNTY <u>Graham</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Safford Rural</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Safford</u>	
	D. FULL NAME (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>41</u> <u>67</u>			

1 + DENT ONAL ITA 187 4 951	3. NAME OF DECEASED (TYPE OR PRINT) <u>EUGENE EARNEST MONTIERTH</u>			4. SEX <u>M.</u>	5. COLOR OR RACE <u>W.</u>
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH <u>July</u> DAY <u>8</u> YEAR <u>1864</u>	
	8. AGE YEARS <u>87</u> MONTHS <u>2</u> DAYS <u>19</u>			9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Farmer</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		13. SOCIAL SECURITY NO. <u>No</u>
14A. FATHER'S NAME <u>Clavin M. Montieth</u>			14B. BIRTHPLACE (STATE OR COUNTRY) <u>MAINE</u>		15A. MOTHER'S MAIDEN NAME <u>Harriet C. Caper</u>
15B. BIRTHPLACE (STATE OR COUNTRY) <u>MAINE</u>			16. INFORMANT'S SIGNATURE <u>Mary Wheeler Safford</u>		
17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Sept. 27 - 41</u>			18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		

331X USE OF ATH M 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Archo-Vascular Disease</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>unknown</u> <u>unknown</u>
	19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

ATH E TO ERNAL LENCE	19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>9/5</u> 19 <u>51</u> TO <u>9/27</u> 19 <u>51</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>9/26</u> 19 <u>51</u> AND THAT DEATH OCCURRED AT <u>12 PM.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE <u>W. E. Rawson</u>		23B. ADDRESS <u>618 Central, Safford, Ariz.</u>
DICAL RONER'S ICATION	23A. SIGNATURE <u>W. E. Rawson</u>		23B. ADDRESS <u>618 Central, Safford, Ariz.</u>		23C. DATE SIGNED <u>28 Sep 1951</u>
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Sept 29 - 51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Safford Cemetery</u>
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Safford, Ariz.</u>		25A. DATE REC'D BY LOCAL REG. <u>Oct 5/1951</u>		25B. REGISTRAR'S SIGNATURE <u>J. N. Stratton</u>
	25C. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Rawson</u>		25D. ADDRESS <u>Safford, Ariz.</u>		25E. CERT. NO. <u>116</u>

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